



HIDDEN VALLEY FOUNDATION, INC.

P.O. Box 4180, 1900 South Ridge Drive
Hidden Valley, PA 15502

Phone: 814-443-3001 e-mail: HELP@HVFToday.com fax: 814-443-3736

Volunteer Information Form

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Hidden Valley Unit #(s)	
Full or Part Time Resident (Optional)	
Number of Years Owned	
Committee or Project for which you are volunteering (Please name <u>one</u>)	

Availability

Are you aware of the meeting days/times on which this Committee normally meets?

Yes No

In general, what times are you most available to meet/work on HVF volunteer initiatives?

Weekday mornings Weekend mornings _____ Other
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Background

Tell us your background and/or experience (use additional pages if necessary)

Skills or Qualifications

Summarize skills and qualifications you have acquired from employment, previous volunteer work, or through other activities you feel qualify you for the Committee of Project for which you are applying. (Use additional page if necessary).

Conflict of Interest

I have carefully read the Conflicts of Interest Policy for members of the Board of Directors and certain employees, and certain committee members of the Hidden Valley Foundation (Policy #35). As a volunteer for the Committee or Project identified on this Form, I affirm that I have considered not only the literal expression of the Policy, but also its intent. I affirm that I understand and agree to comply fully with the Conflict of Interest Policy.

Furthermore, to the best of my knowledge, I have no conflict of interest that may be competing with the interests of the Hidden Valley Foundation, nor do I foresee a potential conflict of interest. If any situation should arise in the future which I think may involve me in a conflict of interest or a potential conflict of interest with the interests of Hidden Valley Foundation, I will promptly and fully disclose the circumstances to the President of the Board of Directors of the Hidden Valley Foundation and suspend my volunteer services to the Committee of Project until such time as the conflict or potential conflict is resolved to the satisfaction of the President.

Agreement and Signature

By submitting this form, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this form may result in my immediate dismissal from the Committee or Project.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.

Please complete and return this form to Volunteer@HVFToday.com